Lyme Community Loses Hero & Friend

Leslie Wermers’s Battle Ends

Leslie (along with her sister Tracie) is a hero who founded the Minnesota Lyme Fighters Advocacy Group. After Leslie passed away I felt compelled to share some information about her amazing life. This loss is so tragic, it has been keeping me up at night. I met Leslie just days before her death at the 2008 ILADS conference. Her spirit touched me even then. Leslie and Tracie (Leslie’s sister) are awesome. They are the brightest and most spirited in the Lyme community that I have ever met. When I first met Tracie and Leslie, I kept waiting for their first-impression angelic qualities to wear off into real life relationships that comes when you actually “know someone well.” But the better I got to know them, the more conversations I had, and the more their true character was revealed...

The clearer it became that no... this was not just a first impression and no... this was not just a “show”... this was who they truly were, out there on the front lines, staying up late to help people, spending hours on the phone with desperate patients. Their behavior should be a model for all of us.

A Tribute to Leslie... by Bryan Rosner

Waking Up the Nation, One Reader at a Time.

PUBLIC HEALTH ALERT

Vol. 4, Issue 1
Investigating Lyme Disease & Chronic Illnesses in the USA
January 2009

In This Issue

By Andy Abrahams Wilson
Producer/Director
UNDER OUR SKIN

The Lyme community has lost an important friend. Leslie Wermers, 41, died from heart failure in her sleep on November 2nd. It’s hard to imagine Leslie’s heart stopping, for anyone who knew her; she was all heart. A dear friend to so many and a tireless worker on behalf of the Minnesota and national Lyme communities, Leslie gave everything she had to help others who were sick. And everything she had was an abundant reserve of love and support—even as her own health waned.

The first time I heard from Leslie was in an email several years ago during production of UNDER OUR SKIN. She said that watching the film trailer changed her life: “You see, Andy, I had no will to live. I was so sick, with no answers and just wanted it to end. That was until I saw the trailer. You have given me so much joy. Your documentary saved my life.”

Since then, Leslie became our greatest film fan and an unfolding angel. I finally met her at the Iowa Lyme memorial which we covered for our film. Though she herself drove more than four hours to be there, she gave our crew Leslie’s welcome. What she told me during an on-camera interview there was humbling and prophetic.

“I have lost my life to this disease, but coming here will help me get it back. The strength you get from others— and by God we’re getting more and more powerful. I will get my life back. And I will help others get their lives back. If I die tomorrow and I save one life, I’ll die happy.”

Months later, Leslie and her sister Tracie (who also has Lyme and worked with Leslie on behalf of Lyme sufferers) sent us a picture of their version of the film’s widely-used image of Mandy in the pool.

Leslie wrote, “Tracie and I thought that this photo represented our passion to continue to help you finish this project, that will save so many lives.”

Beyond her mission of service, Leslie’s sense of humor and gusto were legendary. Over the next few years hers was a familiar voice in our office—regularly telling us how much she appreciated our work, how we were her “angels,” and how much she “loved” us. But her love didn’t stop here. It was extended to so many people nationwide who were sick and struggling in solitude with the disease. Leslie and Tracie founded the support group Minnesota Lyme Fighters Advocacy. Suffering from Lyme induced insomnia, she had late-night conversations with people across the county—many of whom she had never met—offering them words of encouragement, hope and affection. It is a testament to her profound affect on so many and the deep emptiness she leaves that so many have been moved by her passing, never having even met her.

Leslie’s death leaves a deep hole in my heart and in so many others. Her indomitable spirit and passion for life were equalled only by her anger at the injustices wrought by Lyme ignorance and her dedication to help heal. May this be the lesson—Leslie’s legacy—for all of us.

Below: Leslie & her sister Tracie. Shesilved do a mock version of Under Our Skin’s famous pool scene.
The Advisory Commission on Vaccine Safety, frequently referred to as the Vaccine Safety Forum, is a national organization that was established in 1986. Its primary mission is to ensure the safety and effectiveness of vaccines. The Commission is composed of expert scientists from various disciplines, including medicine, vaccinology, immunology, and epidemiology. It is an independent, non-profit organization that operates under the guidance of a Board of Directors.

The Commission's work is guided by a set of principles that emphasize the importance of scientific evidence, public input, and transparency. It conducts peer-reviewed studies and provides recommendations on vaccine safety and related issues. The Commission's reports and findings are intended to inform policymakers, healthcare providers, and the public about the safety and efficacy of vaccines.

The Commission's website provides access to its publications, including reports on vaccine safety, guidelines for healthcare providers, and resources for the public. It also features a section dedicated to frequently asked questions about vaccines, addressing common concerns and misconceptions.

One of the Commission's key functions is to review and evaluate scientific evidence related to vaccine safety. It does this through a rigorous process that involves reviewing existing data, conducting new research when necessary, and synthesizing findings from multiple sources. The Commission's reports are intended to provide clear and evidence-based guidance on vaccine safety issues.

The Commission's work is supported by a network of experts, including members of its Board of Directors, advisory committees, and scientific advisors. These individuals are selected based on their expertise and contribution to the field of vaccinology and vaccine safety.

The Commission's impact on vaccine safety is significant. By providing unbiased and scientifically sound information, it helps to build trust in vaccines and promote vaccination rates. Its recommendations are often cited by policymakers and healthcare providers, influencing decisions related to vaccine use and distribution.

The Commission's ongoing efforts are crucial in maintaining public health through the development and implementation of safe and effective vaccines. As vaccines continue to evolve and new challenges arise, the Commission remains committed to ensuring that vaccines are safe and effective for all who use them. It is an essential resource for those concerned about vaccine safety and effectiveness, offering reliable information that can guide decision-making.
Standing at the Gates, Looking at the Ruins

by Dawn Ivens

I recently received a very precious, precious gift. It is not one that I can display on a shelf, or hang in a place of honor in my home— it was far more treasured than that gift. It was a healing of a wounded heart.

I attended college at the University of Mary Hardin-Baylor in Belton, Texas (UMHB). The campus has an extremely rich historical heritage. I remember soaking in all the UMHB Crusader history with great pride. I knew from the day I stepped foot on the campus that I would be a Crusader forever! I would almost believe that if you cut me I would bleed purple and gold!

One of my favorite places on the campus was the Luther Memorial which we simply called “the ruins.” Eons ago there was a building called Luther Hall that had caught fire and all that was left was the bell tower and the multiple brick archway entrances. These “ruins” were preserved and made into a memorial that has become a campus icon for generations. The Easter pageant is held at the ruins. Weddings are held at the ruins. Graduations are held at the ruins. When you think UMHB— you think the ruins?

The ruins signify a once-tragic event in the life of the university—a gaping wound in the heart of the UMHB heritage.... And yet, it is beautiful.

The precious gift I received recently came in the form of an invitation. I was invited to come back to UMHB and speak to their school of Journalism. They wanted to hear from an Alumnus who had once been editor of the UMHB school newspaper, The Bells, and had gone on to continue work in the newspaper and journalism profession.

I arrived on campus, one of the first things I did was to seek out the ruins! I love the ruins! Oddly enough, another of the campus iconic landmarks had been moved and now sort of “framed” the ruins. It made the most beautiful photo for any UMHB fan! So I was standing at the gates looking at the ruins and I was struck with the irony of what had brought me to this place. I thought it was rather ironic that my field of study while at the university was actually in Social Work, not journalism—though journalism had been my first choice. At that time, the school did not have a journalism department. Social Work, just seemed fitting. There has always been an advantage inside of me– it is in the fabric of my being. I would just go about my goals through the avenue of the Social Work department and spend my time volunteering on the school’s newspaper and yearbook until such a time came when the editor's position was available and I was hired for the job. That satisfied that desire for journalism in my life, even though I knew a journalism degree would not be at the end of the journey.

So there I was standing at the gates of UMHB looking on the ruins. The thoughts of being invited to speak to the school's journalism department flooded me with emotions. I was so excited that the dream I had once wanted was now available to future students, and there was a sense of Crusader pride that just welled up inside me. But the irony of how actually I was involved ended up in the field of journalism kept pervading my thoughts. There is just no other more fitting irony that describes the situation...and it was the very reason UMHB invited me back to speak to this new generation of journalists: my newspaper profession. There has been always a public health alert inside of me– it is in the fabric of my life. I would just go about my goals through the avenue of the Social Work department and spend my time volunteering on the school’s newspaper and yearbook until such a time came when the editor's position was available and I was hired for the job. That satisfied that desire for journalism in my life, even though I knew a journalism degree would not be at the end of the journey.

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How to Plan a Women’s Retreat
So Those with Chronic Illnesses Will Attend

Understanding that women who are chronically ill need to get involved in your church retreat?

When planning the retreat ask a lot of questions about the retreat center and promote that you have this information before people register.

How steep are the hills?
Are rides in carts available?
How far are the rooms from the main meeting center? Is electricity available in the rooms?
Are there only bed bugs? Can someone have a private room?
Are there chairs besides the metal folding chairs? Elevators?
One woman shares, “I stopped going a year or so ago because the retreat planner doesn’t tell you what the weather will be like, whether you’ll be walking, stairs, etc. They need more honest information.

Those who attend retreats look for locations that are not too far away; travel with out a lot of walking, and preferably flat ground. Hotels or a large church in town may not have fifty yards is a “short distance,” fifty steps may be one’s limit. Provide actual distances on your flyer, not just “rooms are a short walking dis-

Understand that women who are chronically ill need to get on retreats and socialize with others, but they must feel that the retreat planner understands that they will be on their own schedule.

Life looks quite different with a malignant brain tumor and icer cance. She says, “I don’t want retreats because people don’t want to understand or accept that sometimes I have to remain with the retreat.” If I have to go back to my room to rest. Others decide that I’m escaping from my problems. They demand that I participate in whatever is happening. I’m not wishing to be anti-social and I will participate when God enables me to do so; but at the same time, when God tells me to rest, I must rest despite what the retreat ‘timetables’ states.

One way a retreat director can help rectify this is by distributing the retreat’s event schedule a week or so before the event, even if it’s just posted on the church’s website.

When planning ice-breakers or fun games, make sure there is something comfortable those with limited physical abilities can do if they choose.

People don’t want to participate in the retreats we are trying to say. They might understand what you were trying to say. They might have said, “yes, I see”. Well, obviously there wasn’t anything in front of their eyes that caused them to “see”. It was in fact, completely hidden. That’s what it means when the Bible says “with the heart man believes unto righteousness”.

The eyes of our heart are opened to see God. And it is through our heart vision that is 20-20, or does it need some correction?...
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Attention Lyme Disease Physicians: Should You Write a Book?

By Bryan Rosen

(If you are a patient, advocate, or caretaker and you are con- sidering writing a book, this article will probably be helpful to you too)

Physicians who special- ize in Lyme disease are the best candidates to write books on Lyme disease. The most common reason that these physicians do not write books (from my discussions with several of them) are the following:

1. “I’m too busy and don’t have time.”
2. “Lyme disease doctors are already being persecut- ed, so writing a book would be like painting a bulls-eye on my back for all the regulatory agencies to target.”
3. “The treatments I currently use for my patients will probably not be included in your book.”

If you are reading this and you are a Lyme physician, my purpose in penning this article is not to convince you to write a book, but to do so in order to provide what I believe to be reasonable responses to the above objections based on my experience and research.

Disclaimer: Your mileage may vary if you are considering writing for informational purposes only.

Let’s begin with the first point. Yes, you are too busy, but you are probably too busy to even spend enough time with your family and friends that you will consider putting in your schedule. Consider this, though: When you retire or die, do you want your doctors to know all that you have learned? Who will carry your message? Is there any doubt as to what you leave behind in terms of replicable wisdom is just as important as the clinical help you’ve provided during your career. A book is a good tool for passing on knowledge to the next generation of physicians, and it doesn’t require second guessing number two: yes, this is true, Lyme dis- ease treatments are currently being persecuted and you may be better off not going public. Nonetheless, a few recent developments have worked in your favor if desire to write a book.

1. Lyme disease is rap- idly gaining national attention which may mean that existing science proves Lyme disease is seen as a real problem. Lyme physicians may soon be vindicated instead of persecuted.
2. Writing a book is covered by different laws than treating patients. Writing a book or under federal med- ical protection as freedom of speech and freedom of the press. Particularly, the research is not held to the same scrutiny that governs the clinical envi- ronment. You may be able to get away with more in this regard. It appears that most books are safe. But don’t take my word for it – talk to a lawyer.

3. Thanks to Ken Singleton, M.D., you will not be the first physician to write a book on hard science. If you choose to follow through with a book, I’ve written an excellent book, The Lyme Disease Solution, pub- lished on February 28, 2011. So, Dr. Singleton is essentially a “test case,” and we can all see how it plays out. I would like to thank Dr. Singleton for his bravery and immigration contribution to the Lyme disease community. His book is a tremendous asset to all of us. Another brave physician practicing who “has gone public.”

Ppsuubblliicc  HHeeaalltthh  AAlleerrrt

Editorial & Opinion

As you can imagine, I’m not the first in the book game with zeros. That is why you have to go jump off the Brooklyn Bridge, would you do it? That’s what my grandmothers used to say to me to encourage me to be an inde- pendent thinker.

My mother says to con- sider what you are putting into your body because once in, it’s done its good…or damage.

How many people line up for flu shots each year? They were told to do so because they have thought of the flu shot. But if you’re looking at safety of the vaccines over time.

The Educated Guess

Healthy adults you received benefit when the flu vaccine exactly matched cur- rent strains. But because the flu vaccines are made well in advance of the winter season, only 15% – 25% of these vaccines can be made as to what strains will be around and often it turns out that the vaccines are not what we needed and misused and all those vaccinated received little or no protection for that season. There are hundreds of strains of influenza (the viruses invading our body) and of these three strains of influenza are contained in the flu vaccine and the virus and the muta- science? Overall, flu shots in healthy adults lowered the number of work days misused by less than a day.

A 2008 study reported that 30% of the populace cut the risk of dying in the elderly by 50%, the reality is more like 5-10%. Researchers have already found that if you triple the people received annu- al flu shots between 1980-2001, there would be a corresponding drop in the death rate.

Frequently resource studies for indicating noso- cializations and pneumonia less likely due to flu vaccines have been undermined by “zero” effect. For people over the age of 65 living in nursing homes, the vaccines are often helpful against complications of the flu, such as pneumonia. However, none have been over 65 yet, the protective effects were negligible.

Children under the age of 2 receive no more benefit from the vaccine than those who were healthier and more conscien- tious about staying well were more likely to get an annual flu vaccine and therefore receive the full benefit of the vaccine because they have their better levels of health, less likely to develop pneumonia anyway. Those who are frail or have a weak immune system (diminished lung func- tion, inability to take care of themselves) and unable to get to the doctor’s office for the flu shot, may not be more suscep- tible to the winter. The amount and type of medications taken may also predict the resulting flu by compromising the immune system.

The Aging Immune System

Vaccines use the immune sys- tem to recognize and attack invaading pathogens. Studies show that the immune system’s response to antigens declines over the age of 2 was studied only once, 35 years ago, with just 35 chil- dren and found to be no better than a placebo. They further found that healthy adults under the age of 65 did not receive benefits from the vaccination such as decreased hospital stay, less time off work, fewer complications and influenza and its compli- cations.

Safe for my family?

You may stand in the crowd and say, “I’m not going to take vaccines!”

Flu vaccines contain:

invaccinated (killed) influenza viruses prepared from the eggs of the chick eggs in which they are grown (people with egg allergy must avoid these vaccines)

antibiotics such as Neomycin and Streptomycin (be aware of allergies to antibi- otics)

You may stand in the crowd and say, “I’m not going to take vaccines!”

“Flu vaccine”...count ’em pg 14

Should I Take the Flu Vaccine?

By Andrea Candece, MH, MSC

How do I get my family through the winter?

Kick the habit? Or should I take the flu vaccine again? If they said you lost weight off the Brooklyn Bridge, would you do it? That’s what my grandmothers used to say to me to encourage me to be an inde- pendent thinker.

My mother says to con- sider what you are putting into your body because once in, it’s done its good…or damage.

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ILADS President Calls for More Comprehensive Dialogue To Prevent Chronic Lyme Disease

Patients Deserve To Be Fully Informed About Treatment Options

by Barbara Fritts

C.U.D. is chronic, uninduced dehydration. Most individuals function in a chronically dehydrated state and are unaware of the importance of proper hydration. Approximately 60% of the human body is comprised of water. Water is critical for the regulation of body temperature, blood pressure, heart function, joint lubrication and memory. Water is also essential for nutrient delivery and metabolic waste elimination from the body. In a state of dehydration, the kidneys turn to the liver for backup assistance, overburdening the liver's detoxification capabilities and diminishing the liver's ability to convert stored fat into usable energy. The resulting reduced blood volume seen from dehydration can further cripple the body's ability to rid itself of noxious chemicals and to incorporate vital nutrients.

Some of the signs of mild dehydration include: decreased coordination, fatigue, headache, low urine output, dry skin and mucous membranes, asthma and allergies. Thirst is not an adequate indication of when to replace fluids because the body is generally already in a state of dehydration when thirst is signaled. Often the feeling of hunger can actually further dehydration due to caffeine's diuretic properties; so these drinks should be avoided or at least not counted toward daily water requirements. Also, carbonated water can leach calcium out of the body and may affect the body's delicate electrolyte balance; therefore, carbonated water should be minimally consumed. When it comes to warding off the detrimental effects of dehydration and supporting the body's many water-dependent functions, there really is no healthier choice than adequate consumption of pure, filtered glass-bottled water.

by www.ilads.org

Bethesda, MD—Oct 22, 2008 – During his closing remarks at the 2008 Scientific Meeting hosted by the International Lyme and Associated Diseases Society www.ilads.org, Dr. Daniel Cameron, ILADS president, stressed the need for more comprehensive dialogue between physicians and researchers regarding the prevention of chronic Lyme disease. Almost 300 physicians, researchers and other medical professionals attended the two-day ILADS conference designed to foster collaboration and dialogue between Lyme disease researchers and those who care and advocate for Lyme disease patients in a variety of settings. Held in San Francisco, the 2008 event drew the most geographically diverse group of professionals ever.

“Recommending appropriate outdoor dress, environmental control and short term dosages of antibiotics are not enough to prevent chronic Lyme disease,” said Cameron. “Physicians need to adopt a broader perspective in order to help patients avoid years of chronic, debilitating illness. Patients need to be informed of their treatment options.”

Reports of chronic Lyme disease continue despite several secondary preventative strategies promoted by the Infectious Disease Society of America (IDSA) and the Center for Disease Control (CDC) including narrow diagnostic criteria and short term (50 days or less) antibiotic treatment schedules. The most often referenced Lyme disease studies demonstrate patients can remain sick many years after treatment. Two schools of thought have emerged regarding the diagnosis and treatment of Lyme disease. The Infectious Disease Society of America (IDSA) clinical practice guidelines (CPG) conclude there is no evidence of chronic Lyme disease and characterize post-treatment symptoms such as chronic fatigue, migraine headaches and neurological difficulties as nothing more than “aich and pains of daily living”. ILADS CPG concluded that persistent Lyme disease symptoms (PLDS) can be severe and chronic and recommend treatment strategies proven to be effective.

Neither the IDSA nor the CDC disclose the existence of the ILADS treatment guidelines, leaving many physicians and patients to mistakenly believe there is only one set of treatment guidelines for Lyme disease.

“Lyme patients deserve the same courtesy as other patients,” added Cameron. “They have the right to make informed decisions about their own medical care after being offered a choice of clinically proven treatment options.”

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Best Documentary: Infectious Disease Category

_Under Our Skin_ Wins Prestigious FREDDIE Award
"Oscars" of Healthcare Films

(Sausalito, CA) - Under Our Skin, a documentary about the debilitating and often heart-breaking effects of Lyme disease, has just won a prestigious FREDDIE Award. The honor names the documentary Best Film about Infection Diseases. A production of Open Eye Pictures of Sausalito, CA and filmmaker Andy Abrahams Wilson, Under Our Skin inves-
tigates the human, medical and political dimensions of Lyme disease. The film casts one of the first media spotlights on the emerging epidemic that is destroying countless lives. Lyme disease is among the most misunderstood and controversial illnesses in recent medical history.

The FREDDIES, sometimes referred to as the "Oscars of Healthcare Films," are the preeminent media awards in the international health and medical fields. Each year, the competition attracts hundreds of submissions from around the world. Filmmakers and producers compete in 36 categories for the FREDDIE, the bronze statuette named in honor of the competition's founder, Dr. Fred Gottlieb. Judging is conducted by world-renowned medical and production professionals from across the United States.

"We're honored to be recognized by the FREDDIE awards," says filmmaker Andy Abrahams Wilson. "This honor allows us to again focus needed attention on the hundreds of people who shared their difficult stories of Lyme disease as well as the millions more who are fighting for treatment, or sadly, have lost loved ones. The FREDDIE award helps us honor their courageous battles."

Prior to the FREDDIE, Under Our Skin was an Audience Choice Award finalist at the Tribeca Film Festival, where it had its world premiere. In addition, the film has received major news coverage from ABC's Good Morning America, The Washington Post, and Sirius XM radio's Oprah and Friends Channeled with Dr. Oz, among many others. Critics have called it:

"Well-researched...suspenseful...artfully shot."
- Variety

"Emotionally charged!"
- ABC News

"Not since Michael Moore has a documentary caused such a stir across America."
- Fox News

The FREDDIES were officially awarded at a black-tie awards ceremony November 14, 2008 at the Crystal Tea Room in Philadelphia, PA.

"Well-researched...suspenseful...artfully shot."
- Variety
MEDICAL PERSPECTIVES

I am currently writing a book on the stories of people who have successfully fought battles against insurance companies for Lyme disease treatment. If this is your story, whether you are a patient or physician, please email me!

Thank you in advance,
Kathleen.

I am also looking for stories of physicians who have had to battle with their state medical boards.

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imunity from liability to an entire industry and he concluded that “in the absence of any clear and manifest congressional purpose to achieve that result, we must reject such a far-reaching interpretation.”

During the ACCV meeting, longtime plaintiff’s attorney Sherri Drexel gave a moving description of the suffering that families with vaccine-injured children endure and, during public comment at the end of the meeting, Jan Moody, of SafeMinds, and Vicky Debold, RN, who has a five-year old vaccine-injured daughter. This was echoed by outgoing plaintiff’s attorney Sherry Barnard, whose five-year-old ACCV patient’s father, John Lee, had been injured or died from vaccine injury. Barnard expressed the concern that vaccine courts have every right to call for its repeal. He concluded that “in the absence of any clear and manifest congressional purpose to achieve that result, we must reject such a far-reaching interpretation.”

NCI’s program is directed to review the medical literature but the review is also intended the vaccine injury compensation program to be non-adversarial, fair, generous and humane. If it cannot function the way it was designed and conducted. The reality that vaccine can cause brain and immune system dysfunction, there will be no way to develop pathologic profiles to help scientifically confirm whether or not an individual has been injured or died from vaccination.

The truth about vaccine risks lies in the science, properly designed and conducted. The incoming IOM review may be hampered by a lack of biological mechanisms of vaccine injury and death for more than two decades. Without understanding how vaccines can cause brain and immune system dysfunction, there will be no way to develop pathologic profiles to help scientifically confirm whether or not an individual has been injured or died from vaccination.

The absence of scientific certainty, all children who regress after vaccination and a return to unrestricted lawsuits.
ILADS Announces Physician Training Program
Clinical Expertise Key to Preventing
Chronic Lyme Disease

Willy Burgdorfer keynote Speaker at Annual Conference

by www.ilads.org

Bethesda, MD— The International Lyme and Associated Diseases Society www.ilads.org today officially launched a physicians training program with the goal of decreasing incidence of chronic Lyme disease. The training program intends to train more than one hundred physicians over the next five years. The program has been underwritten by a grant from New-York-based Turn the Corner Foundation, an organization dedicated to the support of research, education, awareness and innovative treatments for Lyme disease and other tick-borne diseases.

“With more than an estimated 200,000 cases annually, Lyme disease has become the leading epidemic of our time,” said Dr. Daniel Cameron, ILADS board president and internal medicine physician. “We need more physician-scientists who will be the future leaders in the treatment of Lyme and associated diseases.”

Increasing the number of physicians educated on the diagnosis and treatment of Lyme disease is a key goal in the fight against chronic Lyme disease because advanced cases of Lyme are often the result of misdiagnosis or under treatment soon after a tick bite. Recently discredited treatment guidelines authored by the Infectious Disease Society of America (IDSA) reflect a narrow view of Lyme disease, making it difficult for physicians not well versed on the complexities of the disease to recognize symptoms and provide adequate treatment. There are no accurate diagnostic medical tests for Lyme disease.

The ILADS/TTC Physician Training Program represents the second phase of ILADS campaign to prevent chronic Lyme disease. The campaign, launched this summer with the release of Top Ten Tips for Preventing Chronic Lyme Disease, intends to raise awareness of the risks associated with the disease, provide prevention guidance to consumers and training for medical personnel.

Evidenced-based Medical Training

ILADS Physicians Training Program is designed to enhance clinical expertise for physicians with established practices. Curriculum is based on ILADS’ evidence-based treatment guidelines and focuses on the importance of hands-on experience complemented by thorough review of quality, peer-reviewed literature. During the one-two week program, participants partner with a designated ILADS Lyme literate physician and participate in the diagnosis and care of a variety of early and chronic cases.

A pilot version of the program was launched in 2004. To-date, approximately 100 physicians representing a variety of geographies in the United States have successfully completed the program.

“Effective treatment of Lyme disease requires a comprehensive approach to patient care,” said Maureen McShane M.D, a family practitioner in Chazy, New York. “ILADS’ physician training program was invaluable for teaching me how to better assess, diagnose and treat Lyme disease and possible coinfections.”

Applications for the training program can be obtained via email by writing to lymedocs@aol.com.
inadequate control over her age 11 she was downright in grade school subjects. By although she had never thought discouraged that Vicki seemed differ-
walking while in Vicki, herself, relieved family. 
awoke from the antibiotics. She 
treatment was treated encephalitis.
comatose. “Paralyzed all over,” she was noted for being physically subdued and pleasant and compliant one moment, but suddenly, especially perhaps when there was a clang or scraping noise, flying into bizarre ranges, where she had to be physically subdued and taken back to her cell by force. The matrons were described as unusually friendly to her, she said.

Vicki’s history, from her mother’s talk, was one of deepening interest. At age 7, she had a number of bull’s eye rashes that were diagnosed as “ringworm.” She suddenly became drastically ill and felt “paralyzed all over,” she was hospitalized. The specialist at that time believed she was having Lyme encephalitis. Unfortunately, this serious condition was treated with only a 10- day course of IV antibiotics. Vicki awoke from the coma looking good as new, and went home to a relieved family. Vicki herself could only recall “having trouble walking to the hospital.” Her mother remi-
nanced that Vicki seemed differ-

The Challenge now for each young person is to undertake the missed steps of lost maturation, recover a healthy sense of self and to use it to adapt to the real adult world in ways that work for them and for society. This may prove to be a Herculean task.
FEATURES

both good and bad—there is a far
deeper story than what you see
by simply meeting me. My
story tells the story of many
others…multitudes of others!
My story also shows the faith-
fulness of God, still sovereign
and moving in a modern gener-
ation. My story tells of a tena-
cious doctor willing to put his
patients above politics and
practice the oath he took when
he became a physician—to first
do no harm—even when it put
him squarely in the middle of a
medical controversy. He chose
the patient’s health over his
personal concern over the con-
troversy of his decisions.
Because of his medical choices
I am still walking. I thank him
and God for that. Because of
his bold medical decisions and
perseverance to go the distance,
I am no longer bed-ridden, but
will be attending graduate
school in 8 weeks. I can thank
God and Dr. Forester for that.
My story encompasses their
stories. I find there is much to
reflect on.

This is the time of year
where reflecting on life is very
important to me. There is
something about the holiday
seasons that cause a lot of
reflection and introspection.
That can be both good and bad.
I reflect on my own life.
I remember closing out the
2007 year this time last year
and my daughter surviving her
coma that was brought on by a
lyme-induced case of
Meningitis. This year of 2008
was no different. I have seen the
best progress of my Lyme treat-
ment this year and I am simply
amazed.

A trip back to my college helped me remember a simple truth:

God is still in the business of rebuilding strength out of the broken rubble of ruins.

It's All In Your Head: Patient Stories from the Front Lines: Intimate Aspects of Chronic and Neuropsychiatric Lyme Disease
Book 1 in the 5-book series. A personal and revealing look at individuals suffering from "chronic" Lyme disease, and what it's like living with the medical and psychological effects of an illness poorly understood and poorly acknowledged in today's medical community. Includes 22 personal stories as told by patients (including the author's story), history of Lyme Disease, co-infections, treatment, and more. Cover art by artist/Canadian Lyme patient, Valerie White. forward by renowned Lyme physician, Dr. Joseph Jormak.

Available at: AllegyPress.com & Amazon.com
E-book, Standard, and Large-Print Editions! *A portion of proceeds benefits Lyme charities when purchased through this publisher's site!

Learn the History, Science, and True Patient Stories
Behind an Epidemic

"The Ruins" ...cont'd from pg 3

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**Flu Vaccine** ...cont’d from pg 6

- **preservatives such as parabens, benzyl alcohol, carboxymethylcellulose, thimerosal, and sodium citrate.**
- **Vaccines should be stored at a temperature of -20°C (anti-freeze)**

The internet is filled with anecdotal material about serious complications due to flu vaccines. Are the neurological symptoms, mini-strokes, skin rashes, etc really due to the flu vaccine? There is no proof just as there is no ‘proof’ for the damage done to some children as a result of childhood immunizations. The connections are there in the mind of the one who suffers and their family. Perhaps it was the flu vaccine or perhaps an unknown comp-romise that already existed which exacerbated the flu vaccine. No one knows for sure.

In the end, the decision is yours. If you choose to vac-cinate, for certain, make sure you are good in health when you get the shot. You want your immune system in its best possible condition to react to what the injection will intro-duce into your body. If you are not feeling well on the day you are scheduled for the vaccine, consider re-scheduling your appointment. Discuss your options with your physician and take charge of your wellness because you educated yourself not because ‘they said’.

**How to Protect Yourself**

- The price of independent thinking is the responsibil-ity to protect yourself and your family.
- **Homeopathic Protection for Vaccinations**

To help offset some of the possible negative side effects on the immune system, you can give homeopathic Thuja 30C (30C is the potency) (One dose = 2 pellets dissolved in mouth or dissolved in a little water and then put in mouth. Must be taken 15 minutes away from food.) Five doses are given:

- **One dose the evening before the shot**
- **One dose on the morning of the shot**
- **One dose following the shot in the afternoon or evening of the same day**
- **One dose on the morning after the day of the shot**
- **And one more dose that evening**

Thuja is a homeopathic remedy usually found in health food stores. Otherwise it can be ordered from 1 800 BLU TUBE.

I’ve never taken a flu vaccine because: (a) it’s not guaranteed to prevent me from getting the flu (because the flu vaccine is made long before the actual flu strain of the season is even known) and (b) the vaccine is prepared in a base of substances I’d rather not take into my body and have challenge my immune system.

So what do I do? I prepare for the season with what I call my Cold & Flu Arsenal. It will help to keep your immune system engaged pre-ventatively and give you tools to utilize at the first sign that something’s coming.

My ‘cold and flu arsenal’ is available in my 28 page booklet, “How Do I Get My Family Through the Winter? Herbs, Recipes and Guidance for Winter Wellness.” The information helps you take charge of your family’s wellness with safe, simple-to-follow recipes and techniques and easily-obtained formulas. It’s a wonderful reference, making you feel empowered by know-ing what to do to protect your-self and your family.

To order, contact Andrea at AndreaCandee.com or 877 856 7680. The booklet is $7 + s/h.

**Andrea Candee, MH, MSC is a master herbalist and instruc-tor for the NY Botanical Garden. Holistic media expert and speaker, she lectures about taking charge of wellness nat-urally. Her book, Gentle Healing for Baby and Child (Simon & Schuster), was awarded The Seal of Approval by The National Parenting Center. Andrea is known nationally for her successful approach to reversing chronic Lyme Disease, and gives workshops upon request.**

**References:**
- Candee, Andrea MH, MSC, Gentle Healing for Baby and Child (Simon & Schuster)
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- Thompson, Jenny, Health Sciences Institute
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**“Women’s Retreat”** ...cont’d from pg 4

- **Wasted Days** by Tracy Will

Day after day slides by
Piled up like bones in a
Graveyard
Higher and higher,
Never getting buried.

Sticky, slimy,
Sweaty days
Blurry, foggy,
Dizzy days
They just slip by.

I lie here
Like I’m watching a movie of someone
Else’s life.
When do I get
To wake up?

Summer, Fall,
Winter, Spring
Again, again, and yet again.

Now the days have
Twisted somehow
Into years

Once in a while
A day becomes crisp
I can breathe the air and
hear the sounds
But mostly, I lie here.

Day after day slips by
Until a real tangible
chunk of my life has escaped me.

I cannot reclaim it
I cannot get it back.

Most insidious of all
Are the years of life
Stolen from my child, who has no mother.

No one to play with him,
No one to care for him,
No one to help with homework.

His life is slipping by
Day after day
Spent on a computer
When he should be outside laughing
and playing.

Night after night,
Watching TV
Rather than reading
or playing a game

Year after year,
Grades sliding down,
Homework not done
Parent to guide him

Week after week,
Cereal for dinner

No one able to cook for him

Steal my life,
Steal my joy
Leave me a shell
Of myself

But you have also stolen
Someone’s childhood
And I can’t fix it...

I try, I try,
For years I’ve tried...

Pills and supplements
Shots and IVs
Doctor after doctor
Still I try...

Still I lie here...
A shell of a person...
A shadow of a mom...
A hollow life.
I Recommend Researched Nutritionals® for My Patients

Joseph Burrascano, M.D.

The Mitochondrial Component
One of the most common complaints among our patients is lack of energy. I became intrigued with NT Factor Energy™ during a medical conference presentation which showed a 49% reduction in fatigue in eight weeks (1). When I tested my patients on this product, they reported a noticeable improvement in energy. The product’s success is due to its ability to deliver a stabilized and absorbable phospholipid complex to promote healthy mitochondrial membrane potential.

The Immune Component
Most of our patients’ immune systems are very weak. In order to provide the nutritional support for a healthy immune system, I recommend Transfer Factor Multi-Immune™. These folks have put a lot of thought into developing a product which promotes healthy natural killer cell function. The combination of transfer factor and the herbal and nutritional base make this an extremely effective product.

Adrenal Component
I believe that we also need to address adrenal fatigue. Energy Multi-Plex™ includes fourteen researched nutrients to support adrenal health, including D-Ribose, Panax Ginseng, Acetyl-l-Carnitine, Alpha Lipoic Acid, Pyruvic Acid, 7 Keto DHEA, CoQ10, Methylcobalamin and L-Taurine. Patients like the convenience of this comprehensive formula versus taking three or four different products. Plus it saves them money.

The Gut Component
Prescript-Assist Pro™ is clearly a step above what has been generally available, and I highly recommend it. If you do not have enough good gut flora, then you may not only develop GI upset and bad flora overgrowth, but you may also develop food allergies and other ugly stuff. There is nothing more important than a good probiotic. This product was developed to assist you if you are taking antibiotics – Prescript-Assist Pro™.

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Cardiologist, Internist, Author, Lecturer

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